

PART B - FEE(S) TRANSMITTAL

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14275 799 05/18/2010

MOTOROLA, INC.
 1303 EAST ALGONQUIN ROAD
 IL01/3RD
 SCHAUMLBURG, IL 60196

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(Depositor's name)
 (Signature)
 (Date)

APPLICATION NO.	FLILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,444	11/25/2003	Floyd D. Simpson	CE1R06H121	7126

TITLE OF INVENTION: RECEPTION TIMING METHOD AND APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE PER	TOTAL FEE(\$ DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/18/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAM, DUNG LE	2617	455-432100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	Fitch, Even, Tabin & Flannery
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).		2. Larry G. Brown
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.		3. Sylvia Chen

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for reexamination as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Motorola Mobility, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Libertyville, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

- A check is enclosed.
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 505278. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Sylvia Chen/ Date 17AUG2010

Typed or printed name Sylvia Chen Registration No. 39,633

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